





| In re the applica  | ation of      |             |                             | )                       | _                  |                      | _            |                        |
|--|---------------|-------------|-----------------------------|-------------------------|--------------------|----------------------|--------------|------------------------|
| ~<br>  |               |             |                             | )                       | Exam               | iner: Sunil Sing     | h i          |                        |
| John 1   | E. Mercer     |             |                             | )                       | A set T i          | mit. 3673            |              |                        |
| Serial No: 09/8  | 00 000        |             |                             | )                       | Art U              | Init: 3673           |              |                        |
| Serial No. 09/6  | 90,909        |             |                             | ,                       | Attor              | ney Docket: DC       | I-15C2       |                        |
| Filed: July 3  | .2001         |             |                             | )                       | 711101             | ncy Booker. Be       | 1 1002       |                        |
| Thea. July 5   | ,,2001        |             |                             | Ś                       | Date:              | December 18, 2       | 2002         |                        |
| For: BORING TOOL CONTROL USING REMOTE )  |               |             |                             |                         |                    |                      |              |                        |
| LOCATOR  |               |             |                             |                         |                    |                      |              |                        |
| CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as Final Class Mail in |               |             |                             |                         |                    |                      |              |                        |
| CERTIFICATE OF   | MAILING I her | eby certify | that this correspondents. W | ondence is being deport | sited with         | the United States Po | stal Service | as First class Mail in |
| an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231 on December 18, 2002.  Signed:                               |               |             |                             |                         |                    |                      |              |                        |
|  |               |             |                             | •                       |                    | Jay                  | R Beyer      |                        |
| ASSISTANT COMMISSIONER OF PATENTS  |               |             |                             |                         |                    |                      |              |                        |
| Washington, D.C. 20231   |               |             |                             |                         |                    |                      |              |                        |
|  |               |             |                             |                         |                    |                      |              |                        |
| SIR: Transmitted herewith is an Amendment for the above application.   |               |             |                             |                         |                    |                      |              |                        |
| X Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established   |               |             |                             |                         |                    |                      |              |                        |
| No additional fee is required.   |               |             |                             |                         |                    |                      |              |                        |
|  | card include  | •           |                             |                         |                    |                      |              |                        |
|  |               |             |                             |                         |                    |                      |              |                        |
| The fee has been calculated as shown below:  (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY NON- SMALL  |               |             |                             |                         |                    |                      |              |                        |
| (Col. 1) (Col. 2) (Col. 3)   |               |             |                             |                         | SIVIA              | LL ENTITY            | 11/1         | ENTITY                 |
|  | Claims        |             | Previously                  | Present Extra           | Rate               | Additional           | Rate         | Additional Fee         |
|  | Remaining     |             | Paid For                    | 1 Teschi Extra          | Rate               | Fee                  | Rate         | / taditional 1 cc      |
| Total Claims   | *56           | Minus       | **58                        | 0                       | x 9                |                      | x 18         | s                      |
| Indep. Claims  | *36           | Minus       | ***6                        | 30                      | x 42               |                      | x 84         |                        |
|  |               |             | ndent Claim(                |                         | +140               |                      | +280         |                        |
| * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  |               |             |                             |                         |                    | \$1260               | Total        |                        |
| ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.   |               |             |                             |                         |                    |                      |              |                        |
| *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For"        |               |             |                             |                         |                    |                      |              |                        |
| (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims                |               |             |                             |                         |                    |                      |              |                        |
| originally filed.  A check in the amount of \$ is attached for presentation of additional claim(s).  |               |             |                             |                         |                    |                      |              |                        |
| Applicant(s) hereby Petition(s) for an Extension of Time of month(s) pursuant to 37 C.F.R. §   |               |             |                             |                         |                    |                      |              |                        |
| 1.136(a).  |               |             |                             |                         |                    |                      |              |                        |
| A check for \$ is attached for processing fees under 37 C.F.R. § 1.17.   |               |             |                             |                         |                    |                      |              |                        |
| X Please charge my Deposit Account No. 19-1685 (Order No. DCI-15C2) the amount of \$ 1260.00.  |               |             |                             |                         |                    |                      |              |                        |
| A duplicate copy of this sheet is enclosed.  |               |             |                             |                         |                    |                      |              |                        |
| X The Commissioner is hereby authorized to charge payment of the following fees associated with this   |               |             |                             |                         |                    |                      |              |                        |
| communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. DCI-15C2) (a   |               |             |                             |                         |                    |                      |              |                        |
| duplicate copy of this sheet is enclosed):   |               |             |                             |                         |                    |                      |              |                        |
| X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.   |               |             |                             |                         |                    |                      |              |                        |
| _  | X Any         | extensio    | n or petition f             | ees under 37 C.F.I      | R. § 1.17          | <u>7.</u>            |              |                        |
|  |               |             |                             |                         | $\supset \bigcirc$ | $\supset$            |              |                        |
| Respectfully submitted,  |               |             |                             |                         |                    |                      |              |                        |

Jay R Beyer Registration No. 39,907 RECEIVED DEC 3 1 2002

GROUP 3600